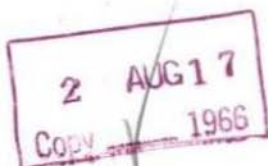
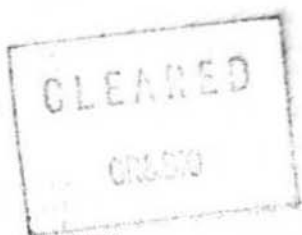


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GENEVA

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FOUNDED IN 1863

1966

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LEGAL PROTECTION OF AERO-MEDICAL EVACUATION IN WAR-TIME

by E. Evrard

The International Committee of the Red Cross is aware that international law gives inadequate protection to aircraft used for medical evacuation. It considers that the subject is one which calls for further study and therefore takes pleasure in reproducing in the following pages a translation¹ of important extracts of a recent article on legal protection for aircraft used as air-ambulances in time of war². This article is of particular interest, coming from Dr. Evrard who, being a flyer, can look at the problem from a practical as well as a legal point of view.

In the first part of his paper, the author points out that the special status of flying ambulances under the 1929 and 1949 Geneva Conventions is completely inadequate. He seeks out and analyses the causes of the technical and legal obstacles.

The main technical difficulties are related to the identification of aircraft used as air ambulances, the operation and maintenance of a squadron made up only of aircraft belonging to the Medical Service and flight safety requirements in time of war. About legal difficulties, he mentions inter alia the need to obtain pre-flight authorizations under agreements between belligerents. This situation is a hindrance to the operation of air evacuation and transport of medical personnel and equipment.

Dr. Evrard concludes the first part of his study by pointing out that the theoretical immunity conferred to air ambulances by the 1929 and 1949 Geneva Conventions is hardly practicable. Consequently, belligerents, aware of the vital importance of evacuation of their casualties by air, use for this purpose aircraft which are not exclusively

¹ Author's own version.

² This article was published in *Annales de droit international médical*, (No. 12, 1965), Monaco, to which we extend our thanks for permission to print.

assigned to such missions. This involves the casualties in certain risks during flight ; the danger may be slight where total mastery of the air has been acquired, but considerable in the absence of superiority in the air.

Next, the author envisages the possibility of a new statute covering aircraft used for transportation of patients and medical personnel ; it is this section of his monograph which we now quote. (Ed.).

To see the shortcomings is one thing; to overcome them is another one, and often the most difficult. This is certainly the case with aero-medical evacuation.

It is apparent from the outset that the solution does not lie in the mind and the letter of existing legislation. There is no mere adaptation which could make effective those enactments which have revealed their inapplicability. In spite of appearances, the helicopter is even in a less favourable situation than the aeroplane.

Exclusively medical aviation does not exist.

Nevertheless, a form of medical air transport exists, which has proved its value in time of war. Aircraft used for this purpose only assigned to the job when the need arises, for their essential mission is not medical. Logically therefore the solution should be sought in the protection, not of the aeroplane or helicopter, but of the medical mission.

The identification system for a medical mission is therefore of capital importance.

We have already pointed out that the requirements of article 36 (First Convention) subordinating the immunity to which medical aircraft are entitled to the conclusion of previous agreement between belligerents to determine altitudes, hours and routes, are in fact of such a nature that any legislation designed to protect medical aircraft is totally inoperative. As stated in the Commentary on the Geneva Convention ¹:

“ The experts who recommended this solution pointed out that under conditions of modern warfare, systems of identification based only on the painting of machines were useless. Aircraft were sometimes fired upon from the ground, or from other planes, before

¹ Commentary on the 1st Geneva Convention of August 12, 1949, published under the general editorship of Jean S. Pictet, by the ICRC, Geneva, 1952, pp. 288.

their colour or markings could be distinguished. Only previous agreement as to routes, altitudes and times of flight could, in their opinion, afford medical aircraft a real degree of safety and provide belligerents with adequate safeguards against abuse ”.

Consequently, it may be logically deduced that if the identification of an aircraft performing a medical mission is made by other reliable means, these strict requirements of a previous agreement which “ ground ” aircraft, particularly helicopters, assigned to medical missions can be eliminated.

If it is possible to abolish these requirements, a statute applicable to medical air transport can be reconsidered on realistic bases.

The problem of aircraft identification is not new. During the Second World War and the Korean War, the belligerents recognized this problem as being of considerable importance. The International Civil Aviation Organization (ICAO) which has been entrusted with the framing of regulations governing commercial aviation, particularly so far as safety is concerned, also continues to attach considerable importance to this question. Even keener is the interest taken by military circles. Indeed, the use of ground-to-air and air-to-air missiles in defence against enemy air attack makes rapid identification of aircraft an essential factor. Defence against high speed aircraft flying at low altitude to avoid radar detection also calls for quick identification. Consequently, legal experts and doctors involved in the study of the identification of aircraft in charge of medical missions now have available the results of a great deal of recent research.

We do not pretend to be able to put forward proposals to solve this difficult problem. Our intention is merely to seek possible ways and means to achieve a practical solution.

In view of the complexity of the problem, it would seem rational to consider three aspects:

- a) The circumstances which justify a protective regulation to make safe medical missions;
- b) statutory specifications for methods of medical mission identification;
- c) the practical value of some methods in accordance with these specifications.

a) The terms of the problem in time of war

1. Whatever type of aircraft is used, it will always be an excellent site of observation when flying near enemy positions. Even if it displays the Red Cross, belligerents would hardly allow an airplane to take advantage of this possibility of observing and gathering information (meteorological or photographic for instance) while on a medical mission.

Consequently, flight over enemy territory, zones or positions would always be denied.

It would be useless to include in for any international protective statute that such flights should be permitted. To do so would lead to disaster. In any case, the third paragraph of article 36 stipulates that, unless agreed otherwise, flight over enemy territory is prohibited.

2. In advanced zones of friendly territory, evacuation by air could be possible under certain conditions, preferably by helicopter or aircraft designed for short take-off and landing. Nevertheless, in the absence of immunity procured by international law, the success of such an attempt would depend upon the degree of air superiority and on certain favourable conditions on the ground, despite the fact that the helicopter can sometimes take advantage of a low ceiling and poor visibility.

Even in these conditions, the aircraft may be detected by enemy radar and be the target for shells, rockets or missiles with or without target-seeking devices. Obviously aircraft performing medical missions in such a zone must be identifiable, first and foremost, by their own troops. Without local air superiority and reliable identification by friendly troops, evacuation of wounded by air depends on personal skill and is successful only in rare individual cases. For the side which does not have local air superiority, the possibility of evacuation by air would be inconceivable without the safeguard of an appropriate, but at present inexistent, international regulation.

3. Under air cover of fighter squadrons, transport planes in direct support of tactical operations could only reach airfields located at a certain distance behind the front. There, they would load the wounded for the return flight to a well organized airfield. The

medical part of such missions should also be clearly identifiable and protected.

In fact, protection, on the outward and homeward flight, is provided by fighter escort. Recourse to an international protective statute would hardly ever be justified. It could however be considered, in the case, for example, of flight over sea from one continent to another when neither side has mastery of the air.

4. Further back, well behind the combat zones, heavy transport aircraft would come into operation. These would be, for the most part, jet planes, necessarily flying at very high altitude. These jet aircraft, with very great operational range, are in little danger of attack. The enemy would have to bring into action fast interceptors, of long range of action, armed with rockets and missiles. This eventuality cannot be discounted. During the Second World War, the use of Fokker Wolf Condors gave the Germans air superiority for a short time over the Bay of Biscay. They hindered air traffic between Lisbon and Gibraltar and between Lisbon and the United Kingdom; they did not stop it. Nevertheless this example shows that protection of the long range transport aircraft cannot be totally neglected even if it appears less urgent than protection for aircraft flying within the vicinity of combat zones at medium and low altitudes. The advisability of introducing international legislation applicable to this latter form of aero-medical transport must not therefore be disregarded.

b) Identification of aero-medical mission - Criteria

1. The solution to this problem must be simple. It must be readily understandable to any military personnel in the army, air force or navy so as to permit detection and direct visual identification.

2. The solution should be applicable to all types of aircraft and to all types of medical missions, e.g.: helicopters operating in forward zones, long range air transport, high altitude flights where interception by enemy fighters is probable, etc. It should therefore permit identification by land troops and by fighter planes.

3. The solution should be practicable by day and night and in the most varied atmospheric conditions (fog, cloud, rain, etc.).

4. The solution should not jeopardize flight safety, should not reduce the aerodynamic characteristics of the aircraft design, and should not prevent its convertibility to other missions.

5. The solution should permit identification from a sufficiently great distance by the intercepting system and by ground troops armed with weapons capable of attacking the aircraft whatever the altitude at which it is flying.

6. The solution should permit a reliable and rapid identification by any of the three fighting services, without the use of unusual or complicated apparatus. As detection always precedes identification, the interval between the two must be reduced to a minimum and if possible they should be simultaneous.

c) Means of identification applicable to aero-medical missions

We must make a distinction between visual and non-visual means (radio, sound, infra-red rays, etc.); we shall then draw practical conclusions on the methods to be taken into account.

1. Direct visual identification

Detection of an aircraft from the ground in clear weather is seldom possible from distances exceeding five miles. Identification by the aircraft silhouette is possible when the range is about three miles.

Identification by the colour of the aircraft or of markings on it (coloured stripes, red cross, etc.) is possible at a range of a little more than half a mile. The range may be greater if the colour used is a luminous yellow-orange.

Identification based on the shape of the aircraft or the colour of the whole or part of it and on the red cross marking on a white background is doubtful by day and impossible by night.

The emission of coloured smoke by the aircraft can hardly be considered suitable. It does not comply with the criteria we mentioned above. The defects of such a system are obvious. Detection and identification of aircraft using light signals, by day or by night, are possible other considerations such as atmospheric conditions being equal, at a distance at least thrice the range of spotting

based on design and colour of the aircraft. Light signals are therefore to be recommended. During the day the most clearly discernible light against a grey-blue background and in atmospheric mist, is red. Red light is also excellent to permit detection at night. Detection of aircraft during the night is possible from present day navigation lights at 700 metres in cloudy weather, 1,400 metres when the sky is clear, 2,000 metres by quarter moon and 3,000 metres by full moon. It is planned to introduce a new system whereby navigation lights will be visible from a much greater distance. Detection and identification are much easier when the aircraft has flashing rather than continuous lights. As navigation lights are red, white and green, the rotating light signifying an aero-medical mission will probably have to be some other colour. Furthermore, transport planes already have a rotating red light which is visible from about 6 miles. Consequently the adoption of a coloured light as means of identification would require the previous agreement of the International Civil Aviation Organization (ICAO) but such a light should be so characteristic as to preclude confusion or abuse.

It would therefore be for the Convention to lay down these characteristics, for example, frequency and duration of flashes. There would be nothing to prevent the use of a code system by short and long flashes provided this would make identification easier by all fighting personnel.

The intensity of the light should also be stipulated. No doubt experts should decide the compulsory minimum intensity.

The setting of the light or lights on the aircraft would also have to be decided so that to avoid detracting from the aeroplane's or helicopter's aerodynamic design and to prevent confusion. It seems to me that the underface of the nose of an aeroplane and the underface of the cockpit of a helicopter would be suitable locations. Experts would readily come to agreement on these details.

Such a lighting system could be permanently installed without any difficulty in all transport planes and helicopters. It would be connected to the aircraft's own source of electric current. When the mission is of a medical nature, the pilot would merely have to switch on the system until completion of the mission.

It might be objected that this identification system does not make use of the sign of the red cross on a white background.

There is an easy reply to this objection. It would not be the first time that the protection afforded by the Conventions is ensured by means other than the display of the red cross. Official recognition has been granted to other signs. For example the red crescent or the red lion and sun have been admitted in order to respect certain religious susceptibilities, whereas in fact, as everybody knows, the red cross is the Swiss emblem with the colours inverted; it was chosen as a tribute to Switzerland, Dunant's homeland, and no religious significance is attached to it. As this precedent exists and is recognized by the Conventions, why not to accept another sign—a simple, effective light signal—for use by aircraft accomplishing medical missions?

Furthermore, civilian ambulances in many countries and even military ambulances use light signals to facilitate passing through congested streets and cross-roads without having to observe the traffic regulations.

If such a system were universally admitted and recognized it would make profit of the considerable progresses resulting of researches in illumination for day and night photography. There are nowadays simple and relatively not bulky devices using gas filament tubes to produce a flashing light. These flashes are said to be easily visible in clear weather in broad daylight up to 15 miles away and by night up to about 46 miles.

Therefore, there are in existence simple and powerful lighting systems in accordance with the specification mentioned above for identification by day, night and all kinds of weather. As their range is limited only by the line of sight, for the ground forces, they would enable simultaneous detection and identification.

This does not however mean that light signals would be suitable for all aero-medical missions. They would, for instance, not solve the problem of protection for transport planes at medium altitude or in clouds and certainly not for jet aircraft which have to fly at very great altitudes. Being detected by radar from very great distances, they would be attacked by rockets without any chance of their medical mission being identified only by direct visual methods. As jet aircraft are used on a large scale for air evacuation, it is obvious that visual methods which may be satisfactory in some circumstances but which are inadequate for jet aircraft, must

forcibly be supplemented by some long range identification system. This question will be raised later.

We deliberately omit the use of rockets and other flare techniques in visual identification of medical missions. It is true that the system is cheap, convenient, allows all colour patterns and gives extremely brilliant light. They have the disadvantages, however, not only of an outbreak of fire by accident, but also of the brevity of the signal, so that in many cases the crew might have to continually send off these flares. Moreover, at high speeds a few seconds interval will put several kilometres between the plane and the flare. In addition, flares are not so reliable as an automatic electric system. Furthermore, although flares can be used by day or by night, the intensity of their light depends on meteorological conditions, and their range for identification purposes is appreciably less than that of the flashing lights advocated above. In our view therefore, the use of flares cannot be adopted as a method for identification of medical missions.

2. Indirect methods of identification (radar)

Amongst all identification systems, those which depend on direct vision are the most simple and the most reliable. Light signals are of this type, but unfortunately their range is restricted. Provided they meet with some standards, they are satisfactory for aero-medical missions at low altitudes, i.e. those undertaken by helicopter. This applies also to missions carried out by transport planes flying at relatively low altitudes and liable to be escorted or intercepted by fighters. Even so, aircraft displaying lights must manœuvre in such a manner as to be constantly visible and this is not always possible. Visual methods are inadequate for high and medium altitude flying. Aircraft assigned to medical missions at such altitudes would be detected by radar and should be able to reply to calls from the ground or from another aircraft.

This requires a system of response based on a simple code and having adequate range. Aircraft interrogation radar systems do exist already; they permit recognition of a friend or foe. These systems (IFF—Interrogation Friend or Foe) are based on identification of radar echoes emitted by a plane interrogated from a ground

station or from another aircraft in flight. Consideration could be given to the setting of such a device in any aircraft liable to be assigned to an aero-medical mission. The Convention should therefore be able to make it an obligation for a particular type of IFF system operating on a specific frequency to be restricted internationally to aero-medical missions.

In addition, belligerents should promise not to interfere on that frequency. The system assumes the use of receptors capable of identifying IFF signals in radar stations and guided missiles stations and, generally speaking, in all units equipped with radar. Air ambulances would thus be safe from attack by guided missiles and ground-controlled interceptors, as the stations from which these operate could identify the aircraft engaged in aero-medical evacuation. There would be one risk: interception by fighter aircraft, not under the control of a radar station. This risk is slight and can be reduced by the use, at low altitude, of the rotating light mentioned above; this gives the advantages already mentioned of short range identification, i.e. by direct vision.

Needless to say, the IFF radar system can be used not only by jet aircraft on aero-medical missions and flying at high altitude, but also by any other type of aircraft at low altitudes. The system is however open to some criticism. First, it would make it easy to conceal a military mission under the misleading pretence of a medical mission. The reply to this, of course, is that no distinctive sign or code is inaccessible to the charge that it can be used perfidiously by a belligerent who has taken such a decision.

Assuming that the experts agree with the adoption of an international IFF radar system for the identification of aircraft on medical missions, there would still be the difficulty of communicating the information to all units: the aircraft would be identified only by the radar control station. There would still be needed to establish a liaison between the radar unit and the batteries and launching ramps. But even in spite of such liaison, there will never be complete safety against a technical failure or bad transmission nor against the unpredictable personal reaction of a gunner. In 1943, for instance, Typhoons were confused with FW 190's and in spite of all the precautions taken for the invasion of the Continent in 1944 many errors were made during these events. Other difficulties which may

be mentioned are the crowding of radar screens, the tricky problem of the differentiation of the objects appearing on the screen, and the by no means negligible influence of the cost of the ground equipment. Consequently, although IFF identification might theoretically be possible, international protective legislation for medical missions should not underestimate the difficulties of such a system.

3. *Non-visual methods*

a) Radio.—As all transport aircraft, whether military or civilian, are equipped with radio, it seems, at first, that it would be easy and useful to supplement visual identification by an official system of identification by radio. This solution is, of course, mentioned in the second paragraph of the comments on article 36 in volume I of the Commentary on the Geneva Convention (pages 289-290).

“The second sentence of paragraph 2 lays down that medical aircraft are to be provided with any other markings or means of identification that may be agreed upon between the belligerents concerned. This is a wise provision, as it leaves the way open for any technical improvements in this field. Certain facts lead one to suppose that, with the resources available today, great improvements could already be made in the methods by which medical aircraft are identified. The main means of establishing the authenticity of the relief mission of an aircraft would appear to be the permanent contact it can establish by radio with the ground and with other aircraft. Every aircraft now has its own code signal. Surely a special international signal for medical missions could be agreed upon. Similarly, a short international code, like those used in navies and air forces, would make it possible to communicate with the aircraft during its mission, and question it as to the nature of the latter and the way in which it was to be carried out. The same means could be used to give the aircraft instructions regarding its flight and, if necessary, order it to land.”

Therefore, it would seem in a very superficial study of this question that the use of VHF or UHF would be relatively simple both for transmission and reception. These systems are practicable at any time, by day and night, and in all weather conditions. It would in no way prevent control by friendly or enemy interceptors

or by the fighters of a neutral country over which the aircraft might fly, as permanent radio contact with the various radar control stations would be maintained throughout the flight. If every aircraft on a medical mission over territory where it might be intercepted transmits a continuous signal in accordance with specifications laid down in the Convention, it could be identified by all radio stations in charge of the tactical air defence. Deeper studies, however, show that whilst this system is simple in theory, the practical means for its implementation are not available. It would require all control stations, defence units, guided missile launching stations and all interceptor aircraft on the route to be listening constantly on the frequency laid down by the Convention. This is obviously impossible.

Even if such permanent monitoring on the special frequency were possible, it would not enable interceptors of both sides to pin-point the aircraft performing an aero-medical mission. Only the ground stations could do this and many of them have not the necessary equipment. In addition, these ground stations would constantly have to diffuse to the fighting units the characteristics of the medical mission. With regard to the possibility of reserving special air corridors exclusively to aero-medical missions, it is utopian, in time of war. Although the method, at first, appears attractive, it is in practice fraught with inevitable risks. It will always remain so; we feel, therefore, that it is not necessary to dwell on this possibility.

b) Ultra-violet and infra-red rays.—Systems based on these rays have several disadvantages, the main one being that they require special detection equipment and are not absolutely reliable in all weather conditions.

c) Sound.—Despite the considerable progress made in the field of detection by sound, it remains an unsatisfactory method.

4. *Conclusions*

The foregoing brief review of visual and non-visual methods of identifying aircraft performing medical missions under conditions of modern air warfare leads to the conclusion that only two methods deserve to be taken into consideration by experts, viz:

- a) A system of electronically controlled flashes of a frequency to be specified, by means of a device aboard the aircraft. Its location in the aircraft and the colour of the flashes should also be specified;
- b) the use of a radar identification system of the IFF type for use exclusively on medical missions and transmitting on an internationally recognized specific frequency.

It would be advisable for both systems to operate simultaneously. Transport aircraft requiring the protection of an international statute should therefore be equipped with both systems, as they fly by day and by night, and are sometimes hidden by cloud. Heavy transport aircraft, especially jets, fly at very high altitude so that reliable identification under all conditions necessitates the system of flashes and also the IFF radar. Nevertheless, recognition of an aero-medical mission by one identification system only should suffice to ensure protection. Normal flying conditions for helicopters (by day only, at low altitude) should make the visual system of flashes sufficient to identify a medical mission. The elaborate IFF radar system is in most cases unnecessary for this type of aircraft.

It may be assumed that simple and effective systems corresponding to the criteria mentioned above, will be evolved and developed in future years.

For this reason, we believe that technicians and operational experts should not be forgotten when the authorities concerned take up again the study of an international protective statute for aero-medical evacuation.

Amongst the difficulties obstructing the application of the Geneva Conventions to aero-medical evacuation, we have mentioned the need to paint and to remove the sign of the red cross on a white background each time the occasional medical mission alternates with a military mission. The difficulties are greater for aeroplanes than for helicopters, as we mentioned earlier.

If an international light signal is accepted as means of identifying a medical mission, could it not be granted that this signal receives the same value as the distinctive red cross sign so that this emblem, painted on the aircraft could be suppressed? Where really necessary, this derogation could be limited only to aeroplanes

or even to those designed to fly above a well fixed altitude level to be decided by experts. For aircraft cruising below that minimum ceiling, the red cross would still be compulsory, in addition to the system of flashes; consequently this would apply to all helicopters. It would therefore be necessary for the constructors to fit helicopters and certain types of light aircraft with devices allowing to fix and to remove panels with a red cross on a white background. The solution to this problem therefore appears to be simple.

If unanimous agreement is reached on this subject of easy and reliable identification of medical missions, we may hope that most of the legal obstacles will disappear. We must at all cost cancel the preliminary agreement, between belligerents, laying down conditions to be observed during these operations. This agreement, arising from the shortcomings of the identification of an aero-medical mission, becomes superfluous as soon as identification of the medical mission is possible at all times and everywhere without any difficulty.

Problems concerning medical or other personnel captured as prisoners of war in the course of a recognized medical mission can also be easily settled. These problems do not prevent application of the Conventions. They have of course a great importance. They must be settled clearly and realistically. But they are by no means a stumbling-block. Flight over enemy territory is out of the question, for the reasons already explained.

There still remains the problem of flight over neutral countries, but we may believe that agreements permitting such flight under certain conditions would also be considerably facilitated by modern methods capable to identify aero-medical missions. In addition, it must be borne in mind that medical missions performed by helicopter will never require flight over neutral territory and that long range transport aircraft can, if necessary, avoid to fly above neutral territory. This would not help completion of the medical mission, but it would not prevent it. As can be seen, in practice these legal problems, considering the present performances of aircraft, are by no means obstacles of the same nature as they were in 1929, or even in 1949, and they should not prevent the grant of protection to the majority of aero-medical missions.

Must a distinction be made between the status for helicopter and that for airplane when on medical mission ?

Recommendations emitted by many societies and legal commissions (50th International Law Association Conference, the I.L.A. International Medical Law Commission at its Liege meeting in January 1962, the Société française de Droit International Médical in its session on June 14, 1962) have drawn a special attention on this problem, which is important for army medical services in war-time, of the protection of helicopters on medical missions.¹ These recommendations give support to the warnings issued by doctors and legal experts.

The Société Internationale de Droit pénal militaire et de Droit de la guerre included this question in its 1964 programme and directed its working group for the protection of human life in modern warfare to make a thorough study of the problem.

These studies and recommendations, all concentrated on the problem of legal protection of the helicopter, might lead to suppose that the doctors and legal experts, specialists in international medical law, discouraged by the complexity of a protective statute covering all types of aircraft involved in aero-medical evacuation, or by the deep reluctance so far displayed by military circles to grant immunity to airplanes performing medical missions would prefer to find a solution restricted to helicopters considering that they are particularly vulnerable on their missions in forward territory when they collect and evacuate casualties.

Any such attempt to give a special status only to the helicopter would not be appropriate. Furthermore, it would not be justified from a technical point of view.

1. It would not be appropriate because it would delay further the promulgation of regulations governing the status of aero-medical evacuation and it would aggravate what Médecin Général Inspecteur A. Schickelé denounced as "the mistake which, in general, rendered inadequate the work of Geneva. Instead of being

¹ Cf.: Cilleuls (*Revue Internationale des Services de Santé*, August - September 1962, pp. 407-410); Monnier (*Revue du Corps de Santé Militaire*, 1957, pp. 392-401); Petchot-Bacqué (*Le Médecin de Réserve*, March - April 1960, pp. 43-49); de La Pradelle P. (*Bulletin International des Services de Santé*, August 1954, pp. 376-380); Schickelé A. (*Revue Générale de l'Air*, 1950, No. 4, pp. 847-854), etc.

considered as normal vehicles, suitable for medical transport, just as any other vehicle, an automobile or a train, aircraft were placed in the frame of air warfare, which is not at all, their normal location ¹."

If we were to start making distinctions between various types of aircraft, why not prepare in the near future a regulation applicable to vertical take-off aeroplanes, if these prove to be advantageous on medical missions? And then a regulation for light aircraft, and another for high altitude jets? Moreover, technical and military developments in helicopters are still in full swing. It would therefore appear most unwarranted to neglect "aircraft" as a general concept and to concentrate on the technical characteristics of a type still in the process of evolution, merely on the grounds, for instance, that its system of sustentation in the air is a rotatory one and allows it to hover.

2. There is no justification for such differentiation. The inevitable revision of the texts of the Convention related to air evacuation in order to adapt them to present-day conditions of warfare, must take into account three essential points which are not only applicable to the helicopter but also to all types of aircraft.

- a) Identification of an aero-medical mission by additional modern methods, both visual and non-visual. These methods already exist and could be used for all types of aircraft, including helicopters. Some are simple and convenient. Adoption of one or two such methods would meet a genuine need for protection of all types of aircraft.
- b) The suppression of previous agreement on altitude, route, time, etc. These requirements make article 36 of the First Convention useless for all types of medical aircraft. If identification is easy and reliable for all ground, sea and air forces, of both sides, this clause, which precludes the use of medical aircraft, may be eliminated, as there is no justification for it.
- c) The practical limits to legal protection for aircraft performing medical mission over various areas in the theatre of operations. These limits should be defined for all types of aircraft. The helicopter is not an exception, although military doctors and

¹ Quoted by P. de La Pradelle: *La Conférence Diplomatique et les Nouvelles Conventions de Genève*, August 12, 1949, p. 203.

experts in international law have apparently focused their attention on this type of aircraft because the problem of legal protection for the helicopter is particularly acute in combat zones where it is used to collect the wounded and to evacuate them to casualty clearing stations and field surgical hospitals. To identify the problem realistically, two factors must be taken into consideration:

— Unarmed military helicopters, both light and heavy, will be used by the medical service much more frequently elsewhere than in the forward areas. They will be used for evacuation of patients from mobile and semi-mobile hospitals and field hospitals in divisional sectors to medical centres located in the rear zones, for final or special treatment in or far away from the areas occupied by the fighting forces. The risks involved in these evacuation operations vary, depending on the degree of control of the air at the time. They consist especially in surprise attack by single enemy fighter planes or formations in low altitude raids. If a medical mission is identified by appropriate light signals, attack on an helicopter can no longer be justified or excused since the helicopter crew flying over such areas cannot observe enemy lines or movements, being too far away.

When aero-medical evacuation is performed outside the combat zones and the forward areas, the risk of surprise attacks is reduced, but not to the extent that legal protection may be completely neglected.

It is quite another matter in the forward areas or in sectors where there is a constantly changing front or where the territory is controlled by enemy guerilla forces. An helicopter, like any aircraft, will always be considered by belligerents as an excellent site of observation. It would therefore be an utopian scheme to wish to grant legal protection either to an aeroplane or to an helicopter when flying over a territory occupied by enemy forces.

In respect of flight over zones of naval or land operations, it may be that concepts apparently build hastily and too rigidly on the basis of special conditions encountered during the Korean war, should be revised and modified, concerning the doctrine of systematic, or at least common, use of the helicopter for initial evacuation of the wounded.

AERO-MEDICAL EVACUATION IN WAR-TIME

It has in fact been observed since that time, in the light of military operations in Algeria and Vietnam, that the helicopter is extremely vulnerable to firing from ground forces even with light weapons.

How can helicopters be protected on such missions in the forward areas

“Aircraft, like medical transport on land, are placed on the same footing as mobile medical units¹”.

The protection of mobile medical units is governed by articles 19, 21 and 22 of the First Geneva Convention. By making the guarantee of respect and protection laid down in these articles applicable to aircraft, and thereby to helicopters performing aero-medical missions, through appropriate enactments, it would seem possible to find some reasonable basis for a solution. It would however be necessary that all air evacuation be construed as a part of the general frame established for transportation of wounded, sick, and medical equipment, i.e., in the frame of article 35 of the First Convention.

Taking article 19 as a base, the following clause could be proposed: “The responsible authorities shall ensure that medical missions performed by aircraft shall not be undertaken, as far as possible, where their safety is imperilled by attacks or possibility of attacks against military objectives”.

Taking article 21 as a base, it would be possible to draw up a clause stating “the protection to which aircraft performing medical mission are entitled shall not cease unless they are used to commit, outside their humanitarian duties, acts harmful to the enemy. Protection may, however, cease only after due warning has been given, stipulating, in all appropriate cases, a reasonable time limit and after such warning has remained unheeded”. In “acts harmful to the enemy” must of course be included, the spotting and observation of enemy positions and movements.

It must be admitted that if all risks of justified accusations of abuse is to be eliminated, the collection of wounded in the fighting zones is doomed to remain what it has always been: a slow and

¹ Commentary on the 1st Geneva Convention of August 12, 1949, Geneva, 1952, p. 288.

painful evacuation of the wounded to first aid posts by stretcher bearers hiding and sheltering from firing as best they can.

These laborious, dangerous and slow conditions in collecting wounded are to be regretted in a time when a flying machine ideally suited to simplify and to accelerate evacuation of serious casualties is available. But such regret does not change the fact that when an helicopter is a directly visible target for the enemy, it is at the same time very frequently a potential observation post of enemy positions and movements. Whilst we may deplore the impossibility of suppressing all restrictions on legal protection for "flying ambulances", it must be admitted that an ambulance on a hill-top overlooking enemy positions could also hardly be tolerated by the enemy, on the base of article 35.

The foregoing considerations only take into account the main aspects of the use of helicopters on medical mission in connection with the military requirements and those of the medical tactics. The propositions suggested would in practice certainly not ensure by any means perfect protection for medical missions performed by helicopter, as such aircraft operating in forward areas above the combat area would very often not be entitled to that protection for reasons connected with the tactical situation. There would, however, have the advantage that these limits would be clearly defined. Missions entitled to legal protection would in any case include the major part of those which would be required from helicopters detached to the Medical Service in time of war or armed conflict. Missions which by their very nature would preclude them from being entitled to legal protection are of course the most spectacular, and very often require a lot of courage. It must however be admitted that they are relatively infrequent.

For certain operations in the forward areas where the danger is considerable, and in the absence of legal protection, it is the responsibility of the Command and its medical advisers to provide armed protection, airborne or otherwise, or to take the calculated risk involved in any military operations in wartime.

E. EVRARD

Général-Major Médecin (Belgium)

INTERNATIONAL COMMITTEE OF THE RED CROSS

EXTERNAL ACTIVITIES

Viet Nam

Handing over of a list of prisoners.—The Government of the Republic of Vietnam in Saigon has handed over to the International Committee of the Red Cross a further list of prisoners who had fought for the NLF (Vietcong). This list comprises 41 new names which brings the total number of prisoners' names notified to the ICRC by the South Vietnamese authorities to over 200.

American prisoners in North Vietnam.—The ICRC is continuing to transmit, through the intermediary of the Red Cross Society of the Democratic Republic of Vietnam in Hanoi, correspondence for American prisoners. This mail reaches an average of 50 items each week.

Relief distributions.—The ICRC delegation in South Vietnam has taken delivery of a first consignment from a contribution made by a number of West Berlin editors for the victims of the Vietnam conflict. This relief, which arrived by air, consists of medicines of which the ICRC delegates immediately drew up a distribution plan in the following establishments : hospitals at Quang Ngai, Baclien, Binh Duong and Kontum (where the medical team of the Swiss Red Cross is in position) and the leper-colony at Nha Trang. The second consignment offered by the same donors is expected by boat in several weeks.

Hospital needs.—A member of the delegation of the International Committee of the Red Cross in Saigon, Mr. Jacques Moreillon, has

just completed a tour of Central Vietnam to examine various hospitals and their needs. The chief places he visited were Kontum, Da Nang, Hué and Nha Trang.

The ICRC representative first visited the hospital at Kontum on the high plateau where the Swiss Red Cross medical team is working. In this area, the state of health of the population is deplorable, 90 per cent of patients treated at the hospital suffering from tuberculosis. Malaria is also very frequent, especially amongst the children. The other most common diseases are bacterial and amoebic dysentery, typhus, typhoid and many forms of infection. In addition the entire population appears to suffer from malnutrition. Mr. Moreillon, who also visited a leper colony run by one of the religious and a Catholic orphanage, has made different proposals concerning material relief required by this part of Vietnam.

In Da Nang, the delegate informed himself of the treatment given the victims of the recent events at the military and also at the civilian hospital. He had a distribution made of a quantity of blankets from a stock recently handed over by the ICRC to the local Red Cross. He also paid visits to Buddhist and Christian orphanages, in which there were a certain number of war orphans, as well as homes for the destitute and the aged. He noted their extreme need, especially of medicines and vitamin products, food items such as powdered milk, clothing, blankets and mosquito nets.

The representative of the ICRC then went to Nha Trang where he visited the civilian hospital and other hospital establishments such as a leper colony, an aged persons' home, orphanages and dispensaries. He ended his tour by visiting four mountain villages in the area.

At each stage, the delegate collected information confirming the extent of the needs. Furthermore, he made arrangements to ensure fair distribution and effective control of the relief which the ICRC delegation in Saigon has been entrusted to distribute.

The President of the ICRC in the Balkans

Mr. S. A. Gonard, accompanied by Mrs. Gonard and Mr. H. G. Beckh, delegate, visited three Balkan countries where he was warmly received by the leaders of the National Red Cross Societies.

Rumania.—First of all in Bucharest he had numerous contacts with officials of the Rumanian Red Cross, particularly with Mr. Moisescu, the President, and several members of the Central Committee. He met representatives of the authorities and leaders of the provincial Red Cross committees in various towns and villages which he visited. Wherever he went he observed the effective work undertaken by the National Society in factories, fields, schools and hospitals.

He attended a first-aid exercise in Brasov, in Transylvania, in one of the large tractor factories which has a number of first-aid posts¹. There are doctors and dentists in constant attendance in a polyclinic with two operating theatres. Mr. Gonard then visited an agricultural co-operative which has its own medical service. There are first-aid posts in the stables and the green-houses and first-aid teams are ready to go into action in the fields at harvest time.

The ICRC President visited a Bucharest high school where the medical service for the 1600 pupils is operated by first-aiders fully equipped and ready to give immediate assistance. Hygiene courses are planned for all classes, for pupils from 11 to 16 years of age.

During his stay in the capital, Mr. Gonard was received by the first Vice-President of the State, the Minister for Foreign Affairs and the Minister for Health.

Bulgaria.—In Sofia, the ICRC President met Mr. Gospodinov and Mr. Nitzov, Vice-Presidents of the Bulgarian Red Cross². They accompanied him to several places in the country so that he could obtain a picture of the National Society's activities which are as varied as they are useful. Among the National Society's objectives we might mention health education in factories and schools, the

¹ *Plate* : The President of the ICRC watching a first-aid exercise.

² *Plate* : In Sofia, working meeting with the Vice-Presidents of the Bulgarian Red Cross.



RUMANIA

The President of the ICRC and Mrs. Gonard watching a first-aid exercise (behind them, on left, Mr. Moisesescu, President of the Rumanian Red Cross).

BULGARIA

In Sofia, working meeting with Mr. Gonard and the Vice-Presidents of the Red Cross Society (extreme right, Mr. Gospodinov, for left, Mr. Nitzov).



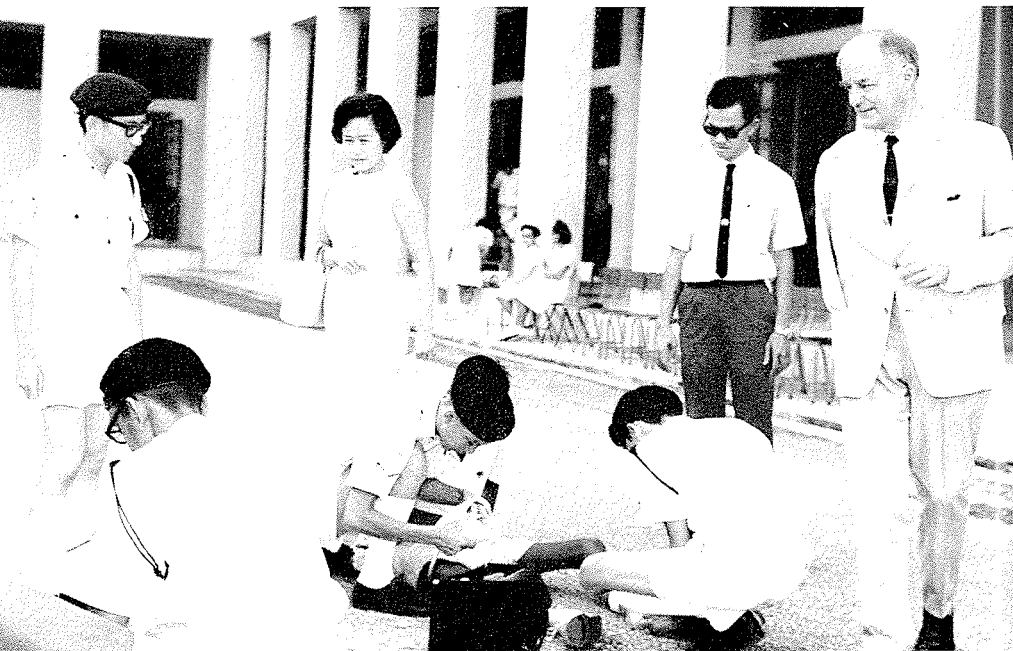


YUGOSLAVIA

In Belgrade, the ICRC President with leading members of the Red Cross Society (on right, Dr. Gregoric, President).

FEDERATION OF MALAYSIA

First-aid exercise by the Junior Red Cross (centre, Mrs. Lee, National Secretary of the Society, right, Mr. Durand, delegate general of the ICRC for Asia).



training of first-aiders, recruitment of blood donors, and assistance on the highway. Along the Black Sea coast a sea rescue service has been in operation for two years.

Mr. Gonard attended a first-aid exercise at Varna ; more than 500 persons took part in practising the transport of casualties, and the dressing of injuries, etc.

In Sofia, Mr. Gonard was received by the Chairman of the Council of Ministers, the Head of State and the Vice-Minister of Foreign Affairs.

Yugoslavia.—In Belgrade, Mr. Gonard met the President of the Yugoslav Red Cross, Mr. Gregoric and also other leading members of the National Society¹. He was received by the Chairman of the Council, two Vice-Ministers of Foreign Affairs, and the Minister of Health.

During his journey in Yugoslavia, the ICRC President visited several Red Cross sections and was shown some of their varied activities, such as the struggle against tuberculosis and against addiction to alcohol, home nursing, assistance to the aged in institutions, domestic care of the sick, the struggle against cancer, disaster relief, dissemination of knowledge on the Geneva Conventions, etc.

In Zagreb, Mr. Gonard visited a reception centre with accommodation for more than a hundred. Voluntary nurses and a doctor work there. At Dubrovnic, he visited a convalescent and holiday centre where a hundred children at a time may spend a month in turn, and in Sarajevo, he went to a milk and bread distribution centre.

During a voyage of lasting interest starting from Geneva on May 9, and returning on June 1, 1966, the President of the ICRC was able to establish useful contacts in the three countries and to observe the growing importance of the tasks accomplished under the sign of the red cross.

¹ *Plate* : In Belgrade, the ICRC President with leading members of the Red Cross Society.

Laos

Recent events in Laos have given rise to a new wave of refugees from the insecurity prevailing in several areas. Their sad plight was brought to the attention of Mr. Henrik Beer, Secretary General of the League of Red Cross Societies, during his recent visit to Vientiane. On his return to Geneva, and on behalf of the Laotian Red Cross, he transmitted to the International Committee of the Red Cross a request for assistance.

The ICRC Delegate General for Asia, Mr. André Durand, immediately went to the scene in order to obtain additional information. The ICRC promptly decided to make available for the benefit of these refugees a sum of Sw. Frs. 38,000.—, remaining from contributions received towards its action in favour of Laos in 1964-1965. This emergency assistance will supplement the relief provided by the Laotian Ministry of Social Welfare and by the American Organization USAID. It will be distributed by the Laotian Red Cross in co-operation with the ICRC.

Federation of Malaysia

Indonesia and the Federation of Malaysia have now put an end to the undeclared conflict which has prevailed between them for the last two years ; the efforts which the International Committee of the Red Cross has made throughout that time in order to solve the humanitarian problems facing each of the two countries continue. It is, in particular, concentrating its attention on the plight of Indonesians taken prisoner by the Malaysian authorities. Mr. A. Durand, the ICRC Delegate General in Asia, has applied for authorization to undertake another tour of prison-camps. The previous such tour took place at the beginning of 1965, when Mr. Durand visited some 300 Indonesian prisoners in various places of detention in Borneo and the Malay Peninsula.

The ICRC Delegate General has also undertaken negotiations with a view to repatriating two Indonesians who were seriously wounded in the course of military operations and who are now in hospital in Sarawak in North Borneo. Kuala Lumpur appears willing to facilitate repatriation.

Whilst in the capital, Mr. Durand visited the National Red Cross which is carrying out activities in various fields. In particular Mr. Durand was able to watch first-aid exercises by members of the Junior Red Cross¹.

Singapore

The International Committee has had its attention drawn to the case of two Indonesians arrested in Singapore for illegal entry and the carrying of explosives for which they have been sentenced to the death penalty. The defending counsel of one of the accused has pleaded that they should benefit from treatment accorded by the Third Geneva Convention to prisoners of war, or at least from article 5 of that Convention, according to which, should any doubt arise as to their benefitting from it . . . " persons having committed a belligerent act and having fallen into the hands of the enemy . . . shall enjoy the protection of the present Convention until such time as their status has been determined by a competent tribunal".

Counsel appealed to the ICRC, which called the attention of the Singapore authorities to the application of the Third Convention and in particular to article 101, in the event of the death penalty being pronounced, stipulates a delay of six months between sentence and execution. Similar steps taken previously by the ICRC with the Malaysian Government were successful in effecting a stay of execution on two Indonesians under sentence of death.

Uganda

On May 27 the National Red Cross of Uganda requested the ICRC to send out a delegate, in view of the internal troubles which had broken out in the country.

Mr. Geoffrey C. Senn, then in Rhodesia, immediately went to Kampala where he had meetings with various government representatives to examine the possibility of an ICRC action on behalf of victims of the events. These efforts have, however, so far been unsuccessful, so that the ICRC delegate has had to leave Kampala

¹ *Plate* : Federation of Malaysia : First-aid exercise by the Junior Red Cross.

without being able to visit persons arrested and detained as a result of the troubles which broke out at the end of May.

The country has 135,000 refugees at present of whom about 40,000 are unregistered and are living with relatives or friends. Amongst these there are some 4,000 Congolese.

South Arabia

The delegate-general of the International Committee of the Red Cross in the Arab Peninsula, Mr. André Rochat visited prisons in Aden in which there were persons detained as a result of the events. During these visits, which took place on two occasions since March, he spoke direct and without witnesses with various prisoners and examined the conditions of their detention. He then submitted recommendations to the authorities and in particular to the British High Commission. The latter has agreed to allow the ICRC to pursue its activity in Aden, where the delegate-general will be given permission to make further visits to prisons in July.

Whilst in Aden, Mr. Rochat met representatives of the trades-union movements who had previously made requests to the ICRC concerning the situation in that part of Arabia.

Malawi

Mr. Geoffrey C. Senn, ICRC delegate, recently visited Malawi, where he was able to observe that, generally speaking, conditions for political detainees are satisfactory.

Mozambique

Mr. Georg Hoffmann, ICRC delegate-general for Africa, who had received Portuguese Government authorization to carry on his mission in favour of prisoners held by the Portuguese forces in Mozambique, recently went to Lourenço Marques.

On June 7, after contacting the authorities, the delegate, accompanied by Dr. Pais of the Portuguese Red Cross, visited the Cadeia da Machava prison, where political prisoners are interned. He and Dr. Pais, also visited the Lourenço Marques military hospital.

On June 9, Mr. Hoffmann visited the Nampula military hospital and the prison in that town where detainees are held pending their transfer to the capital. He also called at a reception centre accommodating African civilians (men, women and children) who had fled from their homes because of events. A further visit he made in the same region was to the Vila Cabral hospital.

On June 13, Mr. Hoffmann went to the "Campo de Trabalho Prisional" of Malabane in the Limpopo valley, some 190 miles from Lourenço Marques. He interviewed without witnesses some of the former combatants detained there.

Gambia

The Ministry of Education has informed the International Committee of the Red Cross that its Government is prepared to introduce courses on the Red Cross and the Geneva Conventions in primary school programmes. This decision follows on Mr. Laurent Marti's recent visit.

He is at present carrying out a tour of West Africa in order to have the principles of the Red Cross and the ICRC's work better known in schools. First results are encouraging.

IN GENEVA

At the Central Tracing Agency

Investigations into the Plight of Air-Crews.—The Netherlands Red Cross Society recently informed the International Committee of the Red Cross in Geneva of the discovery, during land-reclamation work in the Zydersee region, of the remains of British service-men and aircraft. It requested the Central Tracing Agency, at ICRC headquarters, to consult its files on British air-crews who had crashed over the Dutch coast during the Second World War, and whose bodies had never been recovered.

The ICRC soon communicated detailed information on 33 aircraft reported missing since 1942. One of the Agency's index-cards may be quoted as an example. This referred to a " Mosquito " which crashed on November 13, 1942, at 12 h. 45. This information had been sent by the Wehrmacht High Command to the War Office in London through the intermediary of the ICRC. Further information was provided by civilians who had seen planes crash in flames and from some of which the crews had been able to bale out. Often these civilians secretly informed the Central Tracing Agency, which was thus able to compile documents which it carefully preserved in its records.

Thanks to the information supplied by the ICRC, and by the expert appointed to examine wreckage, it may be possible to learn the fate, and identify the bodies of air-crews reported missing over twenty years ago.

The F. family case.—The F. family of Zagrab consisted of the mother and father, who were not happy together, and four children.

In 1943, Mrs. F. had to be admitted to hospital. Her husband took advantage of her absence to go to Hungary with his nine years old son Jozsef. He gave the child to understand that his mother had died and he then abandoned the child in an orphanage. It was not until 1956, when a relative in Hungary wrote Mrs. F. that her husband was dead that the deceit was brought to light.

Mrs. F. then asked her relative to contact the International Committee of the Red Cross in order to request it to seek her son. Thanks to the Central Tracing Agency's vast records it was possible to trace the young man. He had left Hungary during the events of 1956 and migrated to England. The British Red Cross was able to send the ICRC his address.

Jozsef F., as was to be expected, could hardly believe that the mother he had thought dead for the last 23 years was in fact alive. Mrs. F. for her part, being without news of her missing son since the upheaval of the Second World War, had given up all hope of finding him.

Mother and son, delighted with the turn of events, have expressed to the ICRC all their joy. With this positive result the Central Tracing Agency was able to close the file on the F. family case.

Information on the ICRC

The ICRC has now considerable documentary material on its history, its ideals and its activities; this material enables it to disseminate as widely as possible throughout the world knowledge of the Geneva Conventions and their main provisions. Apart from the various books and booklets available to the public, the Committee has recently issued new pamphlets explaining in the most simple terms its organization and the nature of its mission.

The ICRC Press and Information Service has just produced a small folder¹ intended primarily for distribution to the ever-increasing number of visitors to the institution's headquarters. This publication gives replies to the questions which are most frequently asked. It is divided into the following sections:

1. Structure of the Red Cross; the ICRC, administration and finance.
2. Its work—scope and limits.
3. Its delegates.
4. The Red Cross and the army medical services.
5. The emblem of the Red Cross.
6. The Red Cross and peace.

In the last few years however the Press and Information Service has concentrated on audio-visual methods, particularly on movie films and colour slides. Since 1963, the year of the Red Cross Centenary, the following have been produced:

FILMS

Red Cross on a White Field (1963)²

This colour film, produced by Charles Duvanel, starts with a pictorial series portraying the horrors of war and the efforts made throughout history to temper it with humanity. After illustrating the foundation of the Red Cross, the film shows the growth of the

¹ This folder, available in French and English and soon to be published in German, can be obtained from the ICRC, Geneva; price Sw.Fr. 1.80 (Sw.Fr. 1.50 for orders of 50 copies or more).

² 16 and 35 mm; 220 m; 20 minutes showing. Available in French, English, Spanish, German and Arabic. 35 mm version Sw.Fr. 1,500.— (hire Sw.Fr. 50.— per week). 16 mm version Sw.Fr. 980.— (hire Sw.Fr. 20.— per week).

organization in the course of its hundred years, with emphasis particularly on the protection of and assistance to the victims of war.

Over a hundred copies of this film are in circulation, 88 of them having been sold.

Yemen—Land of Suffering (1964) ¹

This colour film describes the various aspects of the ICRC's mission for the benefit of the victims of the recent conflict in the Yemen, both among the Royalists and the Republicans. The scenes were filmed in Sanaa and at Uqhd. It was at Uqhd, in the desert, that the ICRC set up a hospital with medical and surgical services operated by the Swiss Red Cross for almost the entire period of the war.

COLOUR SLIDES

There are two series of colour transparencies illustrating the main provisions of the Geneva Conventions and showing examples of action which they prohibit or prescribe :

- **The Geneva Conventions of August 12, 1949 (1963) ²**
- **The Geneva Conventions of August 12, 1949 (1964) ³**

¹ 16 mm ; 218 m ; 20 minutes showing. Available in French, English and German at Sw.Fr. 580.— (hire Sw.Fr. 20.— per week).

² Thirty slides with plastic frames ; mimeographed commentaries in French, English, Spanish and German. These transparencies, based on an idea by a specialist in cartoon films, Mr. Pirlot, were produced from photographs of puppets against model backgrounds.

Price : Sw.Fr. 25.—, including commentary.

³ Thirty colour slides, cardboard frames ; mimeographed commentaries in French, English, Spanish and German. These are based on water-colour pictures by Mr. Ed. Elzingre.

Price : Sw.Fr. 22.—, including commentary.

There are also three other series, each of six transparencies, on the following subjects :

Henry Dunant	(series No. 101)
History of the Red Cross	(series No. 102)
The ICRC	(series No. 103)

These three series are available at Sw.Fr. 1.— each ; they include explanatory notes in French, English, Spanish and German. Special rebates are granted for large orders.

Guests of the ICRC

On June 7, 1966, Mr. S. A. Gonard, President, with several members and staff of the ICRC, welcomed at its headquarters committee members of the Geneva Branch of the Swiss Red Cross. The latter included Mr. J.-P. Buensod, the new President, Mr. P. Audeoud, Honorary President and former branch President, and Mr. M. Jenni, Secretary-General.

Mr. Gonard greeted the visitors by recalling the close bonds which have existed for nearly a hundred years between the Geneva Branch and the International Committee. Mr. R. Gallopin, Executive Director, then gave an account of the principal tasks now being undertaken by the ICRC in various parts of the world. Then Mr. Modoux, a delegate who had recently returned from Vietnam, gave an account of his experiences.

Mr. Buensod replied with appreciative words for the International Committee.

IN THE RED CROSS WORLD

THE RED CROSS IN CENTRAL AMERICA

A meeting took place in San Salvador in January 1966, under the aegis of the League of Red Cross Societies, of the representatives of the following countries' National Societies : Costa Rica, Dominican Republic, Guatemala, Honduras, Nicaragua, Mexico and the United States.

The President of the Red Cross of El Salvador, Mr. R. A. Jimenez delivered an opening address in which he recalled that the Red Cross had existed in his country for 81 years and that it has taken deep root amongst the people. Like its sister Societies it is animated with the desire to serve, but efforts of aid are limited and necessarily invalid " unless technical methods are joined to sentiment. This is the reason for our meetings where we learn from others' experiences, as a result of which we can train capable personnel, recruited from among so many people of goodwill who want to serve the Red Cross."

The Minister of Health and Social Welfare of El Salvador welcomed the participants. " I wish to express my gratitude to all who serve our fine institution, in particular those volunteers always ready to help at any time or anywhere once their aid is required ".

Mr. Barroso Chavez, Chairman of the League of Red Cross Societies and President of the Mexican Red Cross, pointed out the necessity for the Red Cross to appeal to new forces by proposing to volunteers, women of the Red Cross, first-aiders, ambulance-drivers and others, a high ideal which will inspire them in their daily, most useful, tasks. " There are many who wish to serve others, but do not know how to do so. We must guide them and assure them of the effectiveness of their co-operation ".

At working meetings, each delegation explained all that it had accomplished in its own country since the last session of Latin

American Societies which took place at San José, Costa Rica. One of the principal activities is being pursued most effectively by the women's committees and held an important place in the discussions on first-aid.

Recommendations were then passed of which these were the most significant : Societies should be exempt from customs duty on products which they have to import—Courses on the Red Cross should be introduced into school programmes—In the case of natural disasters or conflict, Red Cross personnel should be able to go freely throughout Central America from one country to another—Junior Red Cross work should be intensified—National Societies must be able to count continuously on trained personnel and be provided with mobile equipment to ensure rapid communication.

Dominican Republic

The Dominican Red Cross is now producing a monthly publication, *Boletín Informativo de la Cruz Roja Dominicana*, whose first number in March 1966 contains interesting details on the National Society's present work and plans. Due credit should be given to this useful medium of information whose object is defined as " to enable our members and provincial and municipal committees to become acquainted with the tasks which have been accomplished and which are motivated by our fundamental principles. We call upon all volunteers who may wish to co-operate with us and we offer them the opportunity of discussing their projects, humanitarian work and ideals."

In an editorial followed by a study entitled " What the Red Cross is and what its principles are ", mention is made of Solferino, of Dunant's book and undertakings, of the setting up of the Committee of Five and also of the first international meeting in Geneva in 1864 of delegates from 16 different countries. Another article deals with a subject which we know was discussed at length at the International Conference last year in Vienna, that of civil defence and the necessary intervention on the part of the State.

IN THE RED CROSS WORLD

Account is also given of new tasks and of those which are being extended further. For example, the National Society is concerning itself with reorganising the Junior Red Cross whose new head has already made contact with all the schools in the capital and with various departments which might themselves be in a position to help in drawing up a first project, that of arranging for travel into the interior. Furthermore, 150 young, both boys and girls, have attended courses in first-aid, life-saving and nautical training for which they have obtained diplomas.

The Dominican Republic has increasing need of people with a knowledge of treating the sick of hygiene, of public health and home-care. The National Society is fully aware of this fact and it has consequently increased the number of courses in that sphere and a registered nurse is now in charge of the home-care section. She will herself be attending a course at Managua, Nicaragua, so as to be able to give instruction in the subject to female voluntary workers.

India

An article in the May issue of the *International Review* was devoted to the XXth award of the Florence Nightingale Medal. It mentioned that this medal was awarded to one of India's nurses in 1965, namely Miss Florence St.Claire Watkins. The presentation took place recently so that we were not previously able to give an account of that ceremony. We did describe the medalist's merits and we therefore need not repeat her citation.

On April 26, 1966, the President of India, Dr. S. Radhakrishnan, presented the medal to Miss Watkins during the National Society's General Meeting which took place at the Presidential Palace in New Delhi ¹. The noble personality of he who presented the medal and the signal services rendered by the recipient gave added dignity to the ceremony.

¹ *Plate* : The President of India presenting the Florence Nightingale Medal to Miss Watkins.



INDIA The President of India, Dr. Radhakrishnan, presenting the Florence Nightingale Medal to Miss Watkins (on right, Maj. Gen. C. K. Lakshmanan, Secretary-General of the Indian Red Cross).

SWITZERLAND Centenary of the Swiss Red Cross: Mr. von Albertini, President, delivering an address.

Photo Comet



Switzerland

The official ceremony to commemorate the Centenary of the Swiss Red Cross took place on June 11, 1966 at the « Fraumünster » in Zurich as part of the 81st Ordinary Meeting of delegates which began the following day. More than 400 persons attended, including representatives of the Federal authorities, of the city of Zurich, of the Red Cross international institutions, of National Societies from neighbouring countries as well as delegates from organizations well disposed towards the Red Cross.

The first speech, preceded and followed by a musical interlude, was by the President of the Swiss Red Cross, Professor A. von Albertini¹.

The Centenary of the Red Cross was celebrated in Geneva on September 1, 1963. This important event, attended by representatives from many countries, was organized by the three Red Cross institutions in Switzerland, which worked in close co-operation, namely : the International Committee of the Red Cross, the League of Red Cross Societies, and the Swiss Red Cross.

For this reason, the Swiss Red Cross then decided to celebrate its own centenary in 1966 in modest style.

Mr. von Albertini recalled the origins of the movement, and then he paid a tribute to those who, on July 17, 1866, founded the Swiss Red Cross : General H. G. Dufour and Federal Councillor J. Dubs. He concluded his address as follows :

I have merely recounted the first years of our institution in order once again to call to mind those outstanding men to whose initiative we owe the existence of this henceforth world-wide Red Cross movement and of our Swiss Red Cross. Today we are profoundly grateful for what they created. Our gratitude goes out once again in the first place to the prime mover in this work, Henry Dunant, in whose spirit was born the desire to bring about a great humanitarian movement, a desire so intense and imperious that it had to be satisfied. But our

¹ Plate : Centenary of the Swiss Red Cross ; Mr. von Albertini delivering an address.

IN THE RED CROSS WORLD

thanks also go to the founders of our own Society who proved themselves able to accomplish the tasks confronting them by directing their efforts to meet situations created by conditions prevailing in our country.

The Red Cross has appreciably changed its structure and efficiency in the course of the last century and these changes have always been designed to broaden the scope of its action and to introduce improvements. But its nucleus, the basic idea, the idea of the Red Cross as conceived by Henry Dunant on the battle-field at Solferino, has remained the same. This idea, the sacred flame from which the Red Cross arose is as active as ever.

The next speaker, Federal Councillor H. P. Tschudi, described the close ties linking Switzerland and the Red Cross :

The anniversary which we are celebrating today should remind each one of us that we can all contribute to the cause of peace by spreading the ideas of the Red Cross and, what is more, by practical action consistent with that spirit. Three years ago, during the Centenary of the International Committee of the Red Cross, Federal Councillor Wahlen stated that the idea and work of the Red Cross were the greatest gift our country ever gave to humanity. If it were necessary for our little State of Switzerland to justify its existence, this movement and its faithful administration for over more than a century, for the benefit of all people on earth, would alone be sufficient justification.

In his outline of the various tasks undertaken by the Swiss Red Cross for the benefit of the Swiss population, Mr. Tschudi showed that services by official assistance institutions have to be administered according to well defined and strict rules. On the other hand, private charity is adapted more realistically to actual circumstances so that a satisfactory social system can be founded. Activities by official and private institutions should be adapted to each other. The Swiss Red Cross is aware of this necessity. Its relations with the central, cantonal and local authorities can be considered as exemplary.

After describing the most important activities, such as voluntary medical aid, blood transfusion service for military and civilian needs, the training of professional nurses both male and female, Mr. Tschudi concluded :

An anniversary should not be merely a pretext to look back upon the past and to be thankful. Its importance lies in the stimulus it gives to all participants and to all responsible people to consider future tasks and preparation for the future. I am firmly convinced that you will apply yourselves to your new duties with the same initiative which has already proved so invaluable and that you will always rise to the occasion, whatever demands confront you. The tasks will not diminish so long as sickness are widespread throughout the world and continue to claim each day their constant crop of victims. In our own country too, events may occur which require intervention by the Red Cross to relieve the population affected. Even technical progress, the aims of which should be to benefit mankind, brings new perils in its wake.

The Federal Council has charged me to convey to you, on the occasion of your Centenary, its most sincere thanks and its warmest wishes for your future activity. I urge you to continue your work in the spirit of the founder of the Red Cross, our fellow countryman Henry Dunant, and to hand on to the coming generation your high ideal of dedication and understanding among the nations. In our well regulated society, in which youth's ardour may sometimes not find outlets, it can, within the Red Cross, find ample scope to put its potential enthusiasm to good use. What greater contribution to the rich fullness of life can exist than helping to alleviate the misery and suffering of others? That is why the Centenary of the Red Cross, like its beginning, is a response to Christ's words: "Go and do thou likewise".

It fell to Mr. J. Pictet, ICRC Director for General Affairs, to address the meeting on the subject: "Red Cross Principles".

The XXth International Conference of the Red Cross, in Vienna, in October 1965, solemnly proclaimed the charter of fundamental principles governing the universal Red Cross movement. This was an event of considerable moment. As it almost coincided in time with the Swiss Red Cross Centenary celebration, it seems to me appropriate to make it my subject for today.

The Red Cross movement was born of a high ideal. But as its work involves action of a practical kind, often improvised, there is a great risk that in haste to help, despite the pureness of intention, there might

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be a straying from the guiding lines and unanimity might be found wanting.

Moreover, the Red Cross takes root in a diversity of soils throughout the world. National Societies are very different one from another ; each has its own features. Some, like the Swiss Red Cross, have a hundred years experience, others have hardly seen the light of day. Not all National Societies have an identical activity or programme.

Only the Red Cross doctrine therefore is the true bond uniting these Societies ; it is the mortar which makes fast the bricks to ensure a sturdy construction ; it is the source of unity and universality on which the institution's existence depends. Without its principles, the Red Cross would simply not exist. It was therefore an imperious necessity that the Red Cross should possess a clear doctrine founded on solid grounds.

The speaker went on to show how the Red Cross was able to frame these principles at the very time when ideologies clash in opposition to each other.

. . The upheaval of the First World War opened a new era in the history of human relations. This neo-barbaric epoch in which we now live was from its outset marked by a veritable overthrow of values and a profound confusion of ideas. People then began to speak differently ; they no longer attributed the same meaning to words. That is why it was of vital importance for the Red Cross to possess its own reliable and specific doctrinal basis. It had to know clearly what it was, where it was going and in what it believed.

But, for the success of this enterprise, the doctrine had to be such that men of all opinions could subscribe to it, whether they were idealists or realists, believers or non-believers. This required a universal language, release from the trammels of preconceived ideas and the blinkers of conventionalism. The Vienna Declaration is the offspring of modern thought which urges the seeker to explore himself and the civilization of which he is a member, in order to find solutions valid for the greatest number because they respond fully to human nature, rather than diverse formulas of limited scope.

The doctrine of the Red Cross is perennial. It is the expression of far-sighted wisdom, unaffected by the waxing and waning of fashion

and transient ideologies. It will outlive those who elaborated it and its immutability is perhaps a sign of its superiority over all passing phases in the history of mankind.

After analysing the principles of humanity and impartiality which, strictly, speaking are the golden rules of Red Cross action, Mr. Pictet expounded on two further precepts—neutrality and independence—whose object is to inspire throughout the world that confidence in the Red Cross which is indispensable. Three other fundamental principles dealt with by the speaker are of an institutional character. He concluded by saying :

Such is the Charter adopted by the Red Cross for its second century. May it abide by it faithfully and find therein a source of strength to face future trials.

In the evening, after the official ceremony, at a banquet at the "Casino Zürichhorn", the guests were addressed by the president of the Zurich branch as well as by representatives of Zurich cantonal and city councils. The presidents or delegates of the Austrian, French, German Federal Republic, Italian, and Liechtenstein National Societies then delivered messages of greetings and good wishes to the Swiss Red Cross.

The next day the General Meeting was held. After the routine procedure, Mr. Hans Haug, Secretary-General, read a paper on "The Direction taken by Swiss Red Cross Development". We look forward to publishing this, for it throws light on a National Society's evolution and its place in the life of the nation in which it was born.

Mr. F. Siordet and Mr. H. Beer, for the two Red Cross international institutions, the ICRC and the League, spoke on the role of the Swiss Red Cross on the international and national levels and its part in humanitarian actions in many countries.

The commemorative events were concluded with a boat trip on the lake of Zurich. Mindful of the magnificent achievements of the past century, the Swiss Red Cross looks confidently to the future.

Upper Volta

Mr. Thiombianon Idrissa, Vice-President of the Upper Volta Red Cross, having kindly drawn the ICRC's attention to the interesting article he published in Carrefour africain (Ouagadougou, April 1966) on the work of the National Society's General Assembly, we now have pleasure in producing this text which describes the work being carried out in Upper Volta under our same emblem.

One hundred and five delegates from 41 local Red Cross committees and sub-committees, and ten observers from seven localities not yet possessing Red Cross Committees, met at Ouagadougou from 6 to 8 April 1966 with a view to discussing all questions relating to the work programme of the Upper Volta Red Cross Society. The deliberations took place in the "Maison du Peuple".

Three plenary sessions and three meetings of commissions enabled the various participants to complete the agenda proposed to them by the Central Committee of the Upper Volta Red Cross. Five commissions were constituted as follows :

1. Organization, Training and Relief.
2. Finance.
3. First-aid.
4. Blood Bank.
5. Junior Red Cross.

Each commission had to study a general report and adopt resolutions and recommendations which were discussed by the General Assembly in plenary session. Their main points were as follows.

As regards Organization, that Commission, taking into account the results achieved over five years of operation, proposed amendments to the Statutes of the Upper Volta Red Cross. These amendments concerned the composition of the National Society and its financial resources (participation of regional committees and con-

tributions in particular). The Commission requested the Central Committee to make known to the Government the contents of the resolutions adopted at the XXth International Conference of the Red Cross. Two further resolutions thanked the international bodies of the Red Cross, sister Red Cross Societies, the public authorities and private Red Cross undertakings for their assistance in the development of the Upper Volta Red Cross.

The Finance Commission drew up a budget and submitted draft model estimates for committees and sub-committees to adopt with a view to co-ordinating all financial transacting. This was agreed in principle by the assembly, as well as the setting up of a finance commission in accordance with the statutes.

The First-Aid Commission proposed a new structure in order to improve the efficiency of first-aiders, special mention being made of the need of close co-operation between the Red Cross and the armed forces. The creation of a National First-aid committee at government level was much appreciated by the various participants. Finally, the General Assembly requested the national committee to draw up a plan of action with a view to extending first-aid training courses throughout the country which would be incorporated in active teams.

The Blood Bank Commission dealt with problems touching on the establishment of a Blood Bank (premises, collections and training). The conclusions of the Commission's work were approved by the General Assembly which also requested that the Blood Bank be represented at the various international blood transfusion bodies at which contacts are fruitful in the field of technical knowledge and the equipping of transfusion centres.

The Junior Red Cross Commission submitted an account of the work and organization of the Junior Red Cross. It requested that modifications be made in the composition of the National Council. The meeting every three months of the regional heads of the JRC was approved. The programme of school and international exchanges was also agreed. The National Committee of the Junior Red

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Cross received the mandate to transmit all desirable information to each administrative district for the purpose of setting up a wider network of junior groups.

In the afternoon of April 7 the participants motored through the streets of the capital and were applauded by the crowd, especially in the market-place.

On April 8 a morning session, at which free views were exchanged between delegations, enabled local problems to be discussed and questions raised on the preoccupations of the Red Cross in the world today and more especially in Upper Volta. The discussion was closely followed by the delegates and also by the observers present who were thus able to learn of the difficulties they might have to encounter during the course of their mission.

After the session was closed by the representative of the Minister of Public Health, the heads of delegations received bundles of clothing and educational material for their committees and sub-committees.

During the time that the General Assembly was in session a Red Cross exhibition was held demonstrating the various spheres in which the Red Cross intervenes in the world (first-aid in disasters, the fight against hunger, intervention in armed conflict, Junior Red Cross etc.). Illustrations of Red Cross events in Upper Volta, presentation of equipment (stretchers, projectors, first-aid kits . . .) were of keen interest to our visitors and made them realize that our work, even if it is uncompleted, is however making great progress.

Cinema performances for the benefit of the Red Cross took place on April 6 and 7 in the town's two cinemas. The public contributed generously and has enabled the Volta Red Cross to make further progress.

For many delegates, this meeting was necessary. The next General Assembly will take place in the last quarter of 1967. It will be carefully prepared and there is no doubt that it will be as successful as this first session has been.

To all those who participated in the success of its meetings, to those who followed the progress of its work, the Upper Volta Red Cross expresses its gratitude and invites the whole population to place itself at the disposal of the committees and sub-committees

by every possible means, either by joining the Red Cross, encouraging the young to belong to Junior groups, by helping in first-aid training or by giving advice of all kinds.

We would finally recall that the first General Assembly of the Upper Volta Red Cross was held under the sign of the fundamental Red Cross principles. These were read at the official opening ceremony by the Secretary-General of the National Society before the standing audience.

The Universality of the Geneva Conventions

There can be few international treaties which surpass the Geneva Conventions for their universality. In fact, it appears that there is no State in the world to which the "law of Geneva" is entirely unknown, whose origin goes back to the Geneva Convention of 1864, signed thanks to the initiative of Henry Dunant and his colleagues on the founding committee of the Red Cross.

The position at the present moment is as follows :

109 States are parties to the Geneva Conventions of August 12, 1949, the last being Honduras, whose accession dates from December 31, 1965. However, to these 109, one can add ten other States. In fact, the ICRC has always considered that a territory achieving independence remains bound by agreements of public or general interest signed by the Power formerly exercising sovereignty there. Then the Geneva Conventions remain in force, unless the new State expressly revokes these agreements signed by the State to which it has succeeded. The ten following States still find themselves in such a situation : Burundi, Republic of Central Africa, Gambia, Republic of the Congo (Brazzaville), Guinea, Kenya, Malawi, Malta, Tchad and Zambia.

However, the ICRC hopes that the governments of these States, following the example of many others which found themselves in the same position, confirm, either by a declaration of continuity or by accession, their participation in the Conventions, in order to avoid all misunderstanding.

Six States are still bound by the Conventions prior to those of 1949 : Burma, Bolivia, Ethiopia (Conventions of 1929), Costa Rica, Uruguay (Convention of 1906) and the Republic of Korea (Convention of 1864).

We would finally mention two special cases. One is Kuwait which formed part of those protectorates of the Arabian Peninsula in which the British Government declared its wish to apply the Geneva Conventions of 1949. However, it cannot be stated with certainty that this remains in force after Kuwait's becoming totally independent.

As for the Yemen, this country has until recently remained completely outside the "law of Geneva". However, in January 1963, shortly after the outbreak of the civil war, the Government of the Arab Republic of the Yemen, established at Sanaa, signed a declaration affirming its intention to respect the principal rules of the Geneva Conventions of 1949. The Imam, leading the struggle against the Republican forces, made a similar declaration. These two engagements have certainly only a moral value, but their effect is not to be ignored. Yemeni combatants on both sides have frequently put into acts their moral accession to the humanitarian principles of the Conventions, and their attitude has enabled the ICRC to carry out relief work, which has benefitted many victims of the events.

It evidently appears, at all events, that the Geneva Conventions do not belong to one race, one civilization or to one group of people. They in fact express an ideal common to all mankind.

DISSEMINATION OF THE GENEVA CONVENTIONS

The January 1960 issue of the *Revue Internationale de la Croix-Rouge* included an article by Mr. Heins Knackstedt, adviser to the Ministry of Defence of the Federal Republic of Germany, in which he gave a general picture of the efforts made up to the end of 1959 to disseminate the Geneva Conventions in the Federal Republic. He described the military and civilian programmes of instruction on these Conventions.

In military circles, for instance, even before Bonn acceded to the Conventions, the "Bundeswehr" soon introduced comprehensive courses for officers and other ranks, in conformity with paragraph 33 of the "Soldatengesetz" (military law) which stipulates that every soldier shall be given instruction in international law and the rights and duties deriving therefrom. Mr. Knackstedt's article reviewed the methods and programmes introduced in the army of Federal Germany to that purpose.

We have now summarized for our readers a further study on the same subject by Mr. Krüger-Sprengel, also a member of the Ministry of Defence of the Federal Republic of Germany.

* * *

Instruction in international law in the Bundeswehr schools, given by professors of law, takes the form of systematic courses dealing with questions relevant to the Geneva Conventions. Army officer cadets, before being promoted to the rank of second-lieutenant, must complete such a twenty-hour course. Proficiency in these Conventions is of capital importance for admission to a career as an army officer. At the Hamburg military college, officers aspiring to Staff posts attend an additional thirty-hour course on questions of international law. Apart from the military college and the training schools for officers and other ranks, the Coblenz

school for moral and civic training is worthy of special mention. Its syllabus is designed for officers from all branches of the armed forces with any rank from Captain to Brigadier, provided they are in positions of command, whether of small or large units. Courses range from one to three months, with two hours a week of instruction in international law devoted almost entirely to the principles of the Geneva Conventions. The programme deliberately refrains from inculcating specialized knowledge. It concentrates on cultivating in commanding officers the ability to eliminate any personal reservations displayed by the men under their orders. Officers of the Bundeswehr, as instructors, should be able convincingly to overcome any reluctance to take courses in international law. In this connection there arise such problems as the application of the Geneva Conventions in modern warfare, the attitudes of other States—particularly the attitude of an enemy—and past experience of applying the Conventions. Instruction in the schools is supplemented at large company headquarters by courses and conferences given by legal advisers who, in addition, help the commanders of small and large units in dealing with questions of international law, and they supervise the systematic instruction to the troops.

It is an officer's responsibility to teach the troops. He should convey his knowledge to the other ranks in clear and convincing language. Instruction in the field is often better for this purpose than purely theoretical teaching. However, in order to ensure that recruits acquire at least a minimum knowledge, basic training includes two hours of instruction on the Geneva Conventions, while specialized training includes seven further hours. Members of the Medical Service are given five-hour courses on the Geneva Conventions for the amelioration of the condition of the wounded and sick, and on the legal position of medical personnel taken prisoner by an enemy. Practical examples and memory-aids are used by the NCO's to ensure a high and uniform level of instruction. The good results obtained in spite of the heavy burden of work falling on unit and section commanders may in a large part be attributed to this teaching material and to other documents drawn up by the Ministry of Defence in keeping with modern teaching techniques, and related to "The International Law of War"; four of these

MISCELLANEOUS

publications are exclusively devoted to the Geneva Conventions. These deal with :

- the general rules of humanitarian law ;
- the law relative to the wounded, the sick and the shipwrecked;
- the law relating to prisoners of war ;
- protection of the civilian population in time of war.

Twenty thousand copies of these were published in 1959, and another edition was produced in 1961 in order to make up a standing reserve. In addition, a handbook on the Conventions relating to the international law of war is issued to all officers down to the rank of platoon commander, and the " Bundeswehr " distributes to all military authorities a copy of the Convention relating to the treatment of prisoners of war, and of the Convention for the protection of civilians.

There is also a handbook on the status of military chaplains and another on the protection of articles of cultural value.

Another publication is devoted primarily to teaching methods and it contains a very full selection of questions and answers on concrete cases ; 41 of these, devoted to the four Geneva Conventions are systematically presented.

Illustrated manuals are also proving very useful for the methodical instruction of troops, and the pictures can be projected on to a screen by means of colour-slides during courses.

One illustrated booklet entitled " The Law of War - Wrongs and Rights " and an accompanying series of colour-slides are devoted entirely to the Geneva Conventions. On the " Wrongs " slides, the audience can see the mistakes and then recognizes on the " Rights " the conduct sanctioned by international law.

Films are the best means of communicating to the troops. In the forefront of such films is the one produced in 1960-61 by the " Bundeswehr " in close co-operation with the Red Cross Society of the Federal Republic of Germany and the International Red Cross, " In Geiste der Genfer Abkommen ". It demonstrates clearly by means of a series of examples in the field covered by the Geneva Conventions that these agreements, far from being based on ideas out of touch with reality, make no demands which would be con-

sidered abnormal by any soldier honest with himself. This film was awarded the *Flamme d'Or* at the first International Red Cross Film Festival in Cannes. A French version has also been produced and work is now going on with English synchronisation. Other films shown include "D'Homme à Homme" and "Red Cross on a White Field".

The army newspaper (for officers and NCO's) gives encouragement to training in the Geneva Conventions through competitions. Some six hundred to one thousand entries to these competitions are received regularly. Prizes of up to 100 DM are offered and competitions are also open to civilians.

Each year essay competitions on international law are open to officers and NCO's, as part of a programme of science competitions and with prizes of up to DM 500. In 1965, there were no less than 110 entries on the theme "War and Humanity".

The object of training in international law in the "Bundeswehr" is to inculcate in the soldier the humanitarian principles and the will to recognize in an enemy a man with feelings and who suffers like himself.

J. d.P.

EXTRACT FROM THE STATUTES OF THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

ART. 1. — The International Committee of the Red Cross (ICRC), founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.¹

ART. 2. — As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be "Inter arma caritas".

ART. 4. — The special rôle of the ICRC shall be :

- (a) to maintain the fundamental and permanent principles of the Red Cross, namely : impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies ;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition ;

¹ The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term " National Red Cross Societies " includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions ;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife ; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties ;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities ;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension ;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its rôle as a specifically neutral and independent institution and consider any questions requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.

SOME PUBLICATIONS OF THE ICRC

The Geneva Conventions of August 12, 1949. 2nd Ed. 1950, 8vo, 245 pp. Sw.Fr. 8.—.

COURSIER, Henri. Course of Five Lessons on the Geneva Conventions. New Edition revised and printed. 1963, 8vo, 102 pp. Sw.Fr. 4.50.

The Geneva Conventions of August 12, 1949. Thirty Slides with Comments. 1963, 8vo, 33 pp., mimeo. Sw.Fr. 25.—.

PICTET, Jean S. Red Cross Principles. Preface by Max HUBER. 1956, 8vo, 154 pp. Sw.Fr. 7.—.

PICTET, Jean S. The Laws of War. 1961, 8vo, 11 pp. Sw.Fr. 1.50.

PICTET, Jean S. The Doctrine of the Red Cross. 1962, 8vo, 19 pp. Sw.Fr. 1.50.

COURSIER, Henri. The International Red Cross. History, Organization, Action. 1961, 16mo, 131 pp. Sw.Fr. 3.50.

WARBURTON, Barbara. The Robinson Family. A short Story about the Geneva Conventions. Ill. by Pierre LEUZINGER. 1961. 43 pp. Sw.Fr. 1.50. (With the LRCS.)

THE ICRC AT WORK. A Centenary of Service to Humanity. 1963, 4to, 32 pp., Ill. Sw.Fr. 2.—.

SCHWARZ, Gertrud. Table des matières de la Revue internationale de la Croix-Rouge 1939-1961. 1963, in-8, 127 p. Sw.Fr. 5.—.

TWO PUBLICATIONS ISSUED BY OTHER PUBLISHERS

BOISSIER, Pierre. Histoire du Comité international de la Croix-Rouge. Tome I : De Solférino à Tsoushima. Paris, Plon, 1963, 512 p. Sw.Fr. 22.30.

JUNOD, Marcel. Le troisième combattant. L'odyssée d'un délégué de la Croix-Rouge. Nouvelle éd. avec une préface de Léopold BOISSIER et avec un résumé succinct des Conventions de Genève. Paris, Payot, 1963, in-8, 248 p. Sw.Fr. 5.—



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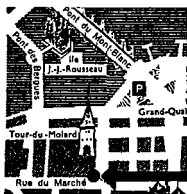
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ADDRESSES OF CENTRAL COMMITTEES

- AFGHANISTAN — Afghan Red Crescent, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, Rruga Barrikadavet, *Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis Boulevard Mohamed V, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz*.
- BRAZIL — Brazilian Red Cross, Praça da Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S.S. Biruzov, *Sofia*.
- BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, P.O. Box 98, *Bujumbura*.
- CAMBODIA — Cambodian Red Cross, 17 R Vithei, P.O.B. 94, *Phnom-Penh*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto 5*.
- CEYLON — Ceylon Red Cross, 106 Dharma-pala Mawatte, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa Maria 0150, Casilla 246 V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22, Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 1110, *Bogota D.E.*
- CONGO — Red Cross of the Congo, 24, Avenue Valcke, P.O. Box 1712, *Kinshasa*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a Sur, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Ignacio Agramonte 461, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293 *San Domingo*.
- ECUADOR — Ecuadorean Red Cross, Avenida Colombia y Elizalde 118, *Quito*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, *Helsinki*.
- FRANCE — French Red Cross, 17, rue Quentin-Bauchart, *Paris (8e)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, *Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300 *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 14 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3, Calle 8-40 zona 1, *Guatemala C.A.*
- HAITI — Haiti Red Cross, rue Férou, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa D.C.*
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Ølduggøtu 4, *Reykjavik*, Post Box 872.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Tanah Abang Barat 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12, via Toscana, *Rome*.
- IVORY COAST—Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo*.
- JORDAN — Jordan Red Crescent, P.O. Box 1337, *Amman*.
- KOREA (Democratic Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Donk, *Seoul*.

ADDRESSES OF CENTRAL COMMITTEES

- LAOS — Laotian Red Cross, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, National Headquarters, Sinkor, P.O. Box 226, *Monrovia*.
- LIBYA — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBURG — Luxembourg Red Cross, Parc de la Ville, *Luxemburg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYA — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MEXICO — Mexican Red Cross, Sinaloa 20, 4o piso, *Mexico 7, D.F.*
- MONACO — Red Cross of Monaco, 27, Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan-Bator*.
- MOROCCO — Moroccan Red Crescent, rue Calmette, *Rabat*.
- NEPAL — Nepal Red Cross Society, Tripureswore, P.B. 217, *Kathmandu*.
- NETHERLANDS — Netherlands Red Cross, 27 Prinsesgracht, *The Hague*.
- NEW ZEALAND — New Zealand Red Cross, 61 Dixon Street, P.O.B. 6073, *Wellington C.2*.
- NICARAGUA — Nicaraguan Red Cross, 12 Avenida Noroeste, *Managua, D.N.*
- NIGER — Red Cross Society of Niger, B.P. 386, *Niamey*.
- NIGERIA — Nigerian Red Cross Society, Eko Akete Close, Ikoyi, Yaba, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Frere Street, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado 668, *Panama*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- PERU — Peruvian Red Cross, Jiron Chancay 881, *Lima*.
- PHILIPPINES — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, General Secretaryship, Jardim 9 de Abril, 1 a 5, *Lisbon 3*.
- RUMANIA — Red Cross of the Rumanian People's Republic, Strada Biserica Amzei 29, *Bucarest*.
- SALVADOR — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- SAN MARINO — San Marino Red Cross, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, Bld. Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOUTH AFRICA — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, *Johannesburg*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid, 10*.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, 3001 *Berne*.
- SYRIA — Syrian Red Crescent, 13, rue Abi-Ala-Almaari, *Damascus*.
- TANZANIA — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO — Togolese Red Cross Society, Avenue des Alliés 19, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA — Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA — Uganda Red Cross, 17 Jinja Road P.O. Box 494, *Kampala*.
- UNITED ARAB REPUBLIC — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington 6, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies Tcheremushkii, J. Tcheremushkinskii proezd 5, *Moscow*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Triệu, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201, đường Hồng-Thập-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.